

# **Retirees...What to look for in 2011**

This brochure will outline changes that will impact Retirees continuing coverage through the Williamson County benefits program. Retirees have the opportunity to review their current coverage and make changes as allowed under the continuation of coverage guidelines. If you have questions about what changes are allowed as a Retiree or any of the changes effective as of January 1, 2011, please contact your Williamson County Retiree Specialist Laurie Gulan at 591-8506 or by e-mail at [laurieg@williamson-tn.org](mailto:laurieg@williamson-tn.org).

Enclosed is your **2010 Benefit Statement**. This statement will show you the benefits, in which you are currently enrolled, the current monthly cost –vs- the 2011 monthly cost that will be effective January 1, 2011.

## **Retiree Monthly Premiums Effective January 1, 2011**

### **Deductible Medical Plan**

Single Coverage	\$149.56
2 party Coverage	\$314.08
Family Coverage	\$463.64
Retiree +1 Spousal Surcharge	\$414.09
Family Spousal Surcharge	\$563.64

### **Co-Pay Medical Plan**

Single Coverage	\$100.23
2 party Coverage	\$210.48
Family Coverage	\$310.70
Retiree + 1 Spousal Surcharge	\$310.48
Family Spousal Surcharge	\$410.71

### **Dental**

Single Coverage	\$ 6.07
Family Coverage	\$ 18.81

### **Dependents Up to Age 26 ...**

Under the new National Health Care Reform Law, plan participants may continue coverage on a dependent child(ren) up to age 26 and they do not need to be a full time student.

Retirees under the Williamson County benefit plan may continue to carry coverage on a dependant that is currently enrolled on their medical and/or dental plan. Under the Retiree continuation of benefit guidelines, retirees cannot add dependents after their initial election of retiree benefits.

Retirees can continue coverage on a dependent child if they are;

- Under the age of 26 and
- Do not have coverage available through their employer, if that dependent is working.

### **Lifetime Maximum Benefit**

Effective January 1, 2011, both the Deductible and Co-pay plan will no longer have a \$3,000,000 lifetime maximum on benefits paid out on any participant. As of this date, the lifetime maximum will be unlimited. The \$1,000,000 yearly maximum will still be in place for 2011, allowing only \$1,000,000 in medical benefits to be paid out in a calendar year on each participant enrolled in the plan.

### **New Vision Benefit and Cost:**

Effective January 1, 2011, Ameritas will be the new vision provider. The benefits will not be changing and will be identical to the current plan. If you are currently enrolled in the vision plan, review your benefit statement for the change in cost to you effective January 1, 2011. Participants currently enrolled will receive a new vision card prior to January 1, 2011. Please see enclosed handout for details.

### **Did You Know.....**

Under the Women's Health and Cancer Rights Act of 1998, a group health plan participant who is receiving benefits in connection with a mastectomy is entitled to coverage for the following services:

- Reconstruction of the breast on which the mastectomy has been performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses and treatment of physical complications at all stages of mastectomy

Coverage will be subject to the same provision as any other illness.

### **Did You Know You Are Important to Williamson County.....**

Privacy rules, part of the Health Insurance Portability and Accountability Act (HIPAA) passed by Congress in 1996, became effective for most health entities on April 14, 2003. HIPAA privacy rules apply to those who provide medical services such as hospitals and doctors, and to insurance companies and health plans. These rules are intended to protect your personal information from being inappropriately disclosed. They also give you additional rights concerning your health care information.

Your privacy is important to Williamson County. If you would like a copy of our complete HIPAA privacy policy, please visit [www.williamsoncounty-tn.gov/mybenefits](http://www.williamsoncounty-tn.gov/mybenefits).



## Important changes to your prescription benefits.....

### **Copay\* changes**

Effective January 1, 2011, copays for prescriptions will change. Please refer to the chart regarding the change in the copays.

### **Maintenance Choice®**

If you are taking a long-term\*\* medication, effective January 1, 2011, you can choose to receive your 90-day<sup>+</sup> supplies through the CVS Caremark Mail Service Pharmacy or pick them up at a CVS/pharmacy\*\* near you. Whether you choose mail service delivery or pick-up at a CVS/pharmacy, you will pay the same copay.

### **Fill Limits**

Your plan allows [2] 30-day fills of long-term medications at any pharmacy in our network. After that, your plan will cover long-term medications only if you have 90-day supplies filled through mail service or at a CVS/pharmacy. If you continue to have 30-day supplies of long-term medications filled after [2] times, your plan will not pay for them.

	<b>Any network pharmacy</b> Up to a 30-day supply	<b>Maintenance Choice: CVS/pharmacy or mail service</b> Up to a 90-day supply
<b>Generic drugs</b>	<b>\$15.00</b>	<b>\$15.00</b>
<b>Preferred brand drugs</b>	<b>25%</b> <b>\$25 minimum/ \$100 maximum</b>	<b>\$45.00</b>
<b>Non-preferred brand drugs</b>	<b>40%</b> <b>\$40 minimum/ \$100 maximum</b>	<b>\$80.00</b>
<b>Fill limit for long-term medications</b>	<b>Coverage for 2 fills only</b>	<b>No limit</b>

\*Copay, copayment or coinsurance means the amount a plan member is required to pay for a prescription in accordance with a Plan, which may be a deductible, a percentage of the prescription price, or a fixed amount or other charge, with the balance, if any, paid by the Plan. Prices may vary between mail service and CVS/pharmacy due to dispensing factors, such as applicable local or use taxes.

\*\*A long-term medication is taken regularly for chronic conditions or long-term therapy. A few examples include medications for managing high blood pressure, asthma, diabetes or high cholesterol.

<sup>+</sup>Actual quantity may vary depending on your plan.

<sup>+</sup>Customers in Hawaii only may use a Longs Drugs location.

## Medical Plan Changes:

Effective January 1, 2011, the changes below will occur to the medical plan. Please review closely so you will know how these changes in Deductible, Copays, and limits will affect you.

All changes outlined in the brochure are a brief description. For a complete description of the medical plan, you may access the plan document on the Williamson County Benefits Website at [www.williamsoncounty-tn.gov/mybenefits](http://www.williamsoncounty-tn.gov/mybenefits). Participants in both the Copay and Deductible medical plans will receive new insurance cards for 2011. Once your new card has been received please destroy the card you carry with you. The new cards will reflect the changes in copays and deductibles.

### Deductible Plan:

<b>Yearly Deductible</b>	<b><u>In-Network</u></b>	<b><u>Non Network</u></b>
Single Deductible	\$ 420	\$ 630
Family Deductible	\$1050	\$1575
<b><u>Out of Pocket</u></b>	<b><u>In Network</u></b>	<b><u>Non Network</u></b>
Single Out of Pocket	\$1575	Unlimited
Family Out of Pocket	\$3150	Unlimited
ER Copay	\$105	\$105

The Williamson County Benefits Department is available to assist you Monday – Friday 8:00 am to 4:30 pm. Feel free to contact any of the staff with questions related to your Retiree Benefits.

Laurie Gulan 591-8506 LeAyn Barnhill 591-8521  
Pam Esberger 591-8526 Renee Spicer 595-1268  
Mary Wallace 790-5600

For additional information on your Retiree benefits, please refer to the Williamson County Benefit Website at [www.williamsoncounty-tn.gov/mybenefits](http://www.williamsoncounty-tn.gov/mybenefits).

Gina Cavanaugh  
Benefits Director

### Copay Plan:

<b><u>Hospital Copay</u></b>	<b><u>In-Network</u></b>
	\$368
<b><u>Outpatient Copay</u></b>	<b><u>In Network</u></b>
	\$262
<b><u>Physician Copay</u></b>	
Primary Care Provider (PCP)	\$25
Specialist	\$40
Urgent Care Visits	\$55
ER Copay	\$105
Skilled Nursing	\$367
Home Health Care	\$40
Maximum Out of Pocket	
Single	\$2100
Family	\$4200